

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

**10/538328**

U. S. Application No. \_\_\_\_\_

Publication Date 6.24.04

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PCT/RO/101 ☒

Copy of ISR A1, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country IN No. 925/MAS/2002 date 12.12.02 MORE

Correspondence checked: \_\_\_\_\_ deposit account 18-2055

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT IN 2003 / 000389 Language Eng

Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_

371 Filing Fees: 450; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 12 Chargeable 12 Independent 2 multiple No

Number of drawing Sheets: 0 Foreign language: \_\_\_\_\_

Oath/Declaration: \_\_\_\_\_ signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed \_\_\_\_\_ Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): ☒ date: 6.10.05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ☒ DATE: 6.10.05 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ☒

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ Number of copies included 1

Date of 35 USC Receipt of Request: 6.10.05

**Notes:**

Date Completion USC 371 Requirements: \_\_\_\_\_ |

Notice of Missing Requirements: 12.9.05 |

Notice of Defective Response: \_\_\_\_\_ |

Notice of Acceptance: \_\_\_\_\_ |

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: **BEST AVAILABLE COPY** Extension of time: Number of months \_\_\_\_\_